Catholics and Health Care, They Go Together

When we hear the term "Catholic health care" we may think of the last time we visited someone in the hospital. Perhaps we imagine a chaplain visiting patients or a parish minister bringing the Eucharist to the bedside. Or maybe we remember a crucifix in front of the hospital or hanging on the walls in patients' rooms. I would bet, however, that the images we associate with social justice have nothing to do with our images of Catholic health care.

When we think of social justice, we might have historical images of the civil-rights era, or contemporary images of those advocating for immigrants or protesting the war in Iraq. Some might think of a family working in a soup kitchen or student volunteers working among the poor here and abroad. Seldom do we think of health care as social justice. Yet social justice and Catholic health care cannot be separated.

From the very beginning of Catholic health care in this country, through the present, one of the important reasons for the very existence of Catholic hospitals has been the care of the sick poor. In this *Update*, I would like to reflect on this connection between health care and social justice, first in a practical way, then by looking at some official guidelines that shape Catholic health care in this country today.

No new thing

The Church is concerned about health-care reform in this country today because the Church has been part of health care in this country from the beginning.

In fact, the Church's involvement in health-care systems long precedes the United States, going back to the Middle Ages. During those years, various religious groups—vowed and lay, composed of women or men—cared for the needs of the sick and often lived among the sick poor.

This happened in many ways. Let's take a look at the Franciscan movement as an example. Even the early history of the Franciscan Order shows that the brothers considered care for the sick as part of their vocation. Soon, care for the sick poor also became a special task for those lay members of the Franciscan family called the Third Order (or more commonly today, the Secular Franciscans).

St. Elizabeth of Hungary, the patroness of the Third Order, is often singled out as a special example of a person who embodied concern for the sick. As more people followed St. Elizabeth's example, the task of caring for the sick poor came to be seen more as an individual vocation rather than a communal one.

This changed again in the 18th and 19th centuries as more and more religious communities of women were founded to carry out particular apostolic activities. Caring for the sick once again became a communal vocation. When these religious communities came to the United States, among the institutions that they founded were hospitals.

In 1727, the Ursuline sisters became the first Catholic congregation of women to come to America. Among their apostolic works was the care of the sick. They were involved in the founding of New Orleans's Charity Hospital, the second-oldest hospital (by 6 weeks!) in the United States. It was originally called Hospital of St. John, or The Hospital for the Poor. In the 1800s came more Catholic sisters who saw their task as caring for the physical and spiritual needs of the Catholic immigrant population.

The explicit mission of many of these communities was care for the sick poor. Education and health care became the hallmarks of these congregations. About five of the 16 religious communities of women that were in the U.S. in 1849 were involved in health care. By 1875 there were 75 Catholic hospitals. By the beginning of the 20th century there were almost 400.

Many of the hospitals founded by these religious communities served a dual purpose. On the one hand, they were founded to serve where social institutions discriminated against Catholic immigrants. On the other hand, Catholic hospitals were open to all, providing not only for their patients' medical but also for their spiritual needs. They even arranged for visits from Protestant clergy if so requested by patients—at a time when Catholic clergy were often not welcome in non-Catholic hospitals.

This tradition of care for the poor has continued to the present day. It is expressed in the mission statements and the lists of core values that are now part of Catholic health care.

In these mission statements one sees a strong relationship between health care and a commitment to social justice. These core values are similar across Catholic health-care systems. They emphasize human dignity, care for the poor, the sacredness of life, service, integrity, justice, compassion.

Almost invariably the mission and/or vision statements of the various Catholic health-care systems articulate that the work of the system is a participation in the healing ministry of Christ, which includes a commitment to the poor and vulnerable.

A word from our sponsor

As Catholic health-care systems worked more closely with other health-care institutions over the years, a need arose for some guidelines on how our faith

informs practice in a Catholic facility. This need became especially pressing in modern times, as U.S. health care began taking on increasingly complex ethical issues. The U.S. Catholic bishops created such guidelines and revised them over the years, most recently in 2009.

These guidelines are published in the *Ethical and Religious Directives for Catholic Health-care Services*. The aim: to help guide Catholic hospitals and other Catholic health-care facilities as they serve in the name of the Church.

The *Ethical and Religious Directives* (*ERD*) should not be seen simply as a list of do's and don'ts for Catholic health care. Rather they do two things, primarily. First, they attempt to explain the *Catholic identity* of hospitals and other such facilities as part of the health-care ministry of the Church. Second, they seek to clarify how these institutions act with *ethical integrity.*

Various editions of the *ERD* have appeared over the past 60 years. They have addressed pertinent ethical issues facing Catholic health care at the time, especially those concerning the prolongation of life for dying patients and procedures relating to procreation.

The guidelines begin with a section devoted to the social responsibility of Catholic health-care institutions. This section offers specific directives for Catholic hospitals regarding the Church's social teaching. But first it lays out five values regarding the social responsibility of Catholic health-care institutions.

Five Catholic values

The five values that relate Catholic health care to the Church's justice tradition are: human dignity, care for the poor, common good, responsible stewardship and rights of conscience. Two of these values, *human dignity* and the *common good*, are the very foundation of Catholic social teaching. And those two values are actually two complementary aspects of the Catholic understanding of human nature.

The bishops remind us that, first and foremost, "Catholic health-care ministry is rooted in a commitment to promote and defend human dignity; this is the foundation of its concern to respect the sacredness of every human life from the moment of conception until death."

The common good, as the Church has taught in many places, is an aspect of human flourishing. The Second Vatican Council, for example, explained that the common good is the sum total of those conditions needed for the flourishing of individual persons and the groups that they are part of.

From these two pivotal values, the guidelines derive three other principles of

our social-justice tradition and apply them to health care: *care for the poor, responsible stewardship* and the *rights of conscience*. The *ERD* document hearkens care of the poor as a biblical mandate. In the document's introduction, there is an important reference to the Gospel parable of the Good Samaritan (Lk 10:29-37) which the *ERD* calls an example of "authentic neighborliness to those in need."

In this spirit of "authentic neighborliness" they challenge Catholic health care to give particular attention "to the health-care needs of the poor, the uninsured, and the underinsured."

The next value that the document discusses is that of responsible stewardship. Here the bishops acknowledge that care for the poor needs to be carried out mindful of an institution's limited resources. They explain that "responsible stewardship of health-care resources can be accomplished best in dialogue with people from all levels of society...with respect for the moral principles that guide institutions and persons."

Emphasizing this value shows the realism that is part of the Catholic social tradition. Catholic health-care institutions continuously need to find the proper balance between genuine care for the poor and an appropriate use of their financial resources. On one hand, care for the poor should not bankrupt a facility or system; on the other hand, the institution ought not to hoard resources. Hoarding has never been the mark of genuine Catholic health care.

This section of the guidelines ends by acknowledging the pluralism of American society. Again the guidelines try to strike a balance. They acknowledge the right of individual conscience but at the same time maintains that the Catholic hospital itself has what might be called an "institutional conscience," safeguarded by its leaders.

Catholic health-care institutions take into consideration the consciences of both their employees and the patients they serve. So too Catholic health care asks that its employees respect the fact that the institution's leaders, too, must follow their consciences and the moral stance of the Catholic Church. That issue of conscience has generated lots of press recently in the health-care reform debate.

From the five values, the *Ethical and Religious Directives* then articulate several specific directives that explain Catholic health care's social responsibility in greater detail.

For example, one directive speaks about the need for a "spirit of mutual respect" that helps caregivers serve the sick "with the compassion of Christ." Another further describes this respect as involving "advocacy for those people whose social condition puts them at the margins of our society and makes them

particularly vulnerable to discrimination."

The *ERD* also challenges Catholic health-care institutions to be workplaces of justice. For example, one directive states straightforwardly that a "Catholic health-care institution must treat its employees respectfully and justly."

Contemporary challenges

For most Catholic health-care systems these values, and the dedication to the Church's social-justice tradition that they represent, are not simply marketing tools; they really represent what Catholic hospitals aspire to be.

I have heard time and time again from hospital administrators that the mission of their institution is to provide health care to all in need regardless of the ability to pay. Especially in the current economic recession, I heard stories regarding the amount of charity care undertaken by Catholic hospitals. I've heard about creative ways which Catholic health care found to ensure greater access.

Through prevention and wellness programs, Catholic health care has partnered with other groups to work toward better community health, especially for the poor and vulnerable. Returning to the founding vision of the first sisters who came to this country, many Catholic hospitals have even looked beyond our borders to enhance the delivery of health care in developing countries.

This attention to the Catholic social tradition, however, has not been without conflict. The needs of the community are likely always to be greater than the capacity of Catholic health care to satisfy those needs.

In some situations hospitals find that the values from the Church's directives are in conflict with one another. The call to be responsible stewards, for example, limits the amount of charity care a hospital can give. The hospital must, along with ensuring care for the poor and vulnerable, pay its employees a just wage.

Although Catholic health care aspires to embody the Catholic social-justice tradition, it is not always successful. Critics often point to Catholic health care's resistance to unionizing as one example where its actions have not lived up to its words.

Yes, Catholic health-care institutions face limits and value conflicts. Catholic health care, like individuals all through the Church, is not perfect. In spite of it all, Catholic health care continues to be a sign of Christ's justice and compassion for all.

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